

SENT VIA EMAIL OR FAX ON
Dec/07/2010

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/07/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Work Hardening Program (WHP) times ten (10) sessions or eighty (80) hours as related to the right leg, ankle, and foot

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

AADEP Certified

Whole Person Certified

Certified Electrodiagnostic Practitioner

Member of the American of Clinical Neurophysiology Clinical
practice 10+ years in Chiropractic WC WH Therapy

Chiropractor

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Denial Letters 10/21/10 and 11/2/10

Healthcare 8/10/10 thru 11/8/10

Letter from Patient No Date

Interventional Pain 10/28/10

Dr. 9/16/10

MRI 8/25/10

ENG Report 8/18/10

FCE 9/28/10

PATIENT CLINICAL HISTORY SUMMARY

The injured employee was involved in an occupational injury and injured his right leg, ankle, and foot on xx/xx/xx. She was pulling and caused her to fall. The injured employee has undergone MRI of the right ankle, right foot, x- rays of the right foot, VENG test, FCE, orthopedic and pain management referrals, mental health evaluation, physical therapy, and pharmaceutical management. Reports indicate that she is not a surgical candidate. Ten (10) sessions, 80-hours total, of work hardening are requested at this time.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

The injured employee does not meet the required guidelines for the initial trial of 10 sessions of work hardening. The patient's pain level during the initial physical therapy visit was 7/10 and after 9 visits of therapy was a 1/10 VAS pain scale. Physical therapy notes, initial medical report from, Orthopedic report, and Pain Management report do not indicate any psychological problems. The first psychological issues were reported in initial Psychological Interview dated 9/22/2010. Beck depression and Beck anxiety scores were 0 indicated no depression and no anxiety. The Oswestry disability index was scored at a 28% indicating minimal disability. The injured employee does not appear to be on any prescriptive or abusive narcotics. There does not appear to be a specific return to work plan and goals by both employer and injured worker in medical records.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES
(PROVIDE A DESCRIPTION)